BILLBRAIN
INSTITUTE OF TECHNOLOGY
Skilling for today and tomorrow..

OFFICE OF THE ACADEMIC REGISTRAR

P.O. Box 22149, Kampala, Uganda
Tel: (Office)   +256-392-001934
                    +256-779325568
E-mail: admissions@bit.ac.ug
Website: www.bit.ac.ug

Attach current
Passport-sized
Photograph Here

APPLICATION FOR ADMISSION TO DIPLOMA, CERTIFICATE AND SHORT COURSES _____ (YEAR)

NOTE: *Copies of prior academic documents required. For Diploma & Certificate courses, copies of both '0'/'A' level result slips/Certificates, identification (driving permit, national ID, passport, current employer ID card or ID card from your previous institution) should be attached to this form. We shall need the originals of the above copies at registration.*

PLEASE FILL THIS IN CAPITAL LETTERS

CHOICE OF INTAKE: *(Indicate if January, May or September Intake)*

[Select Intake]

SECTION 1:

a). Programme being applied for [Select Programme / Course] _____

b). Option: _____

c). Mode of Delivery (Tick):   ☐ Weekend   ☐ Distance learning

1.1: APPLICANT'S PERSONAL INFORMATION

Name: (use names on academic documents)

Name: _____   _____   _____
          Last Name   First Name   Maiden Name

Gender   (Tick):   ☐ Male   ☐ Female

Date of birth: (mm)_____/(dd)_____/(yy)_____

Nationality:_____

Country of residence: _____

Home district: _____

Religious affiliation: _____

Marital status (Tick):

☐ Single   ☐ Married   ☐ Others specify: _____

Name of spouse: _____

Contact of Spouse: _____

1.2: DISABILITY

Do you have any disability?   ☐ Yes   ☐ No

☐ Chronic Illness   ☐ Physical Disability   ☐ Impairment (Hearing, Speaking, Seeing, etc.)

☐ Others(specify _____

Briefly state nature of disability: _____

1.3: APPLICANT'S CONTACT

Tel. No(s).		Email:	
Postal Contact:	P.O. Box:	Town:	
	Country		

1.4 PARENTS/GUARDIAN'S (next of kin) CONTACT

Give details of Parents, Guardian and where applicable the sponsor

	Father/ guardian	Mother/ guardian	Sponsor (if applicable)
Name			
P.O. Box			
Town			
Telephone			
Email			

1.5 EMPLOYMENT RECORD

Name and address of employer	Designation	From	To

SECTION 2: EDUCATION BACKGROUND

2.0. Secondary Schools, Colleges and Universities attended (Give names dates, qualifications and grades

Name and address of School/Institution	From	To	Qualification	Grade

SECTION 3: SOURCE OF FUNDING

Please indicate details of any scholarships, or Grant relating to the course for which you are applying.

a) Government/Ministry ☐   b) Private Sponsorship ☐

I hereby certify that the information I have provided on this application form is correct and complete.

Student's Signature : _____ .Date : _____